
INITIAL REPORT
OF
COMMITTEE
ON
MEDICAL CARE



MARYLAND STATE PLANNING COMMISSION

MARCH, 1943

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OF
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ON
MEDICAL CARE



Prepared By
COMMITTEE ON MEDICAL CARE
of the
MARYLAND STATE PLANNING COMMISSION
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Baltimore, Maryland

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STATE PLANNING COMMISSION



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Committee on Medical Care
OF THE
MARYLAND STATE PLANNING COMMISSION



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HUNTINGTON WILLIAMS
*Baltimore City Health
Department*

SAMUEL WOLMAN
*The Maryland Tuberculosis
Association*

*Executive Committee

MAURICE C. PINCOFFS, *Chairman* (Now with U. S. Army)

VICTOR F. CULLEN, *Acting Chairman*



Joint Committee

FOR THE SURVEY OF MEDICAL CARE IN THE COUNTIES OF MARYLAND

State Department of Health:

ROBERT H. RILEY
BENJAMIN C. PERRY
WALTER N. KIRKMAN

State Department of Public Welfare:

J. MILTON PATTERSON
W. WALLACE LANAHAN
WILLIAM L. GALVIN

*Committee on Medical Care of the
Maryland State Planning Commission:*

ALLEN W. FREEMAN
VICTOR F. CULLEN
MAURICE C. PINCOFFS

W. ROSS CAMERON, *Director of Survey*



MARYLAND STATE PLANNING COMMISSION

BALTIMORE, MARYLAND

WILLIAM L. GALVIN
ROBERT H. RILEY
THOMAS B. SYMONS
EZRA B. WHITMAN
ABEL WOLMAN
CHAIRMAN

I. ALVIN PASAREW
DIRECTOR

March 12, 1943.

Honorable Herbert R. O'Connor
Governor of Maryland
Annapolis, Maryland.

My dear Governor O'Connor:

I take pleasure in transmitting herewith an initial report of the Committee on Medical Care of the State Planning Commission summarizing its preliminary findings and recommendations. A document containing supporting factual data is being prepared by the Committee on Medical Care for an early release.

The Commission acknowledges its appreciation to the State Department of Health and to the Department of Public Welfare for their cooperation and aid which made this study possible. To the many public and private agencies and individuals who gave so completely of their time and efforts, the Commission is deeply grateful.

Your full cooperation in the development of this report is recorded.

Sincerely yours,

ABEL WOLMAN, *Chairman.*



MARYLAND STATE PLANNING COMMISSION

COMMITTEE ON MEDICAL CARE

BALTIMORE, MARYLAND

527 Bressler Building
University of Maryland

March 11, 1943

Mr. Abel Wolman, Chairman
Maryland State Planning Commission
Baltimore, Maryland

Dear Mr. Wolman:

I have the honor to transmit the initial report of the Committee on Medical Care of the Maryland State Planning Commission. Transmitted herewith is the "Foreword" and the section on "Conclusions and Recommendations." The body of supporting data recording the work of the Committee is included in three chapters which will be transmitted at a later date.

Cordially,

A handwritten signature in dark ink, appearing to read "Victor F. Cullen".

VICTOR F. CULLEN, M. D.,
Acting Chairman.

FOREWORD

THE Medical and Chirurgical Faculty of Maryland, aware of many deficiencies in the present status of medical care¹ in this State, and of the absence, in Maryland, of an official warrant for any group to evolve a coordinated program of medical care, proposed, in an open letter² to the Chairman of the Maryland State Planning Commission on August 23, 1939, that a standing committee of the Maryland State Planning Commission be formed which should continuously survey the problems of medical care for the citizens of this State, and formulate, from time to time, recommendations for extension and utilization of existing medical facilities, and for development of such new facilities as may be required. The Faculty advocated that representatives from all the agencies concerned with the various aspects of medical care and from the general public be included on this committee.

After conferences with the various agencies in this field, the Maryland State Planning Commission, with the approval of the Governor of the State, the Honorable Herbert R. O'Connor, appointed the following Committee to serve as a standing committee of the Maryland State Planning Commission, to be named the Committee on Medical Care, and designated Maurice C. Pincoffs, M. D., to serve as its Chairman:

Maurice C. Pincoffs, M. D.,	George M. Moffett
<i>Chairman</i>	Joseph P. McCurdy
Charles R. Austrian, M. D.	Thomas W. Pangborn
F. V. Beitler, M. D.	I. Alvin Pasarew
T. Roy Brookes	J. Milton Patterson
Lucien Brun, M. D.	Robert H. Riley, M. D.
James D. Carr, M. D.	George H. Preston, M. D.
Alan M. Chesney, M. D.	Henry E. Sigerist, M. D.
J. Douglas Colman	Winford H. Smith, M. D.
Victor F. Cullen, M. D.	Walter Sondheim
Louis H. Douglass, M. D.	Harvey B. Stone, M. D.
Allen W. Freeman, M. D.	Mrs. Thomas J. Tingley
Harry Greenstein	Ralph E. Truitt, M. D.
Miss Lily Harman	Thomas J. S. Waxter
John T. Jones	Huntington Williams, M. D.
E. F. Kelly, M. D.	C. E. Wise, Jr.
R. C. Lamb	Samuel Wolman, M. D.
Mrs. George V. Lottier	

¹Throughout this report the term "medical care" includes hospital and nursing care unless otherwise specified.

²A copy of this letter will be found in the Appendix.

The Committee on Medical Care held its first organization meeting on January 23, 1940. At this meeting, Abel Wolman, Dr. Eng., Chairman of the Maryland State Planning Commission, charged the Committee with the task of determining the existing defects, if any, in our present private and public facilities for medical care, and, if such defects exist, of determining and evaluating their amount and character. Furthermore, he requested that the Committee be prepared to suggest necessary corrective measures, and to indicate what costs would be involved in such a program of correction, at what rate such changes might be introduced, and what source of funds might be best used for such purposes.

At this meeting the following Executive Committee was appointed and authorized to act for the General Committee:

Maurice C. Pincoffs, M. D.,

Chairman

J. Douglas Colman

Victor F. Cullen, M. D.

Allen W. Freeman, M. D.

Harry Greenstein

Winford H. Smith, M. D.

C. E. Wise, Jr.

Activities of the Executive Committee

For the first year, the Executive Committee met weekly and thereafter, at short intervals. Members of the General Committee were called from time to time to assist in special fields of study.

The Executive Committee reviewed at length the status of medical and hospital care in the counties of Maryland and to a limited degree in the City of Baltimore. A summary of these deliberations was included in a report presented to the Maryland State Planning Commission on October 1, 1940. This report emphasized the need for more detailed and comprehensive information and recommended that a field survey be undertaken.

Appointment of the Joint Committee

The Maryland State Planning Commission approved the recommendation that a field survey be made, and formed a special committee, known as the Joint Committee, for the purpose of securing funds to provide for an intensive study of the problems of medical care in the several counties of Maryland. The Joint Committee included representatives of the Committee on Medical Care, the State Department of Health and the State Department of Welfare, and it was financed by appropriations from the

funds of the two latter organizations. The members of the Joint Committee were:

Allen W. Freeman, M. D.,

Chairman

Victor F. Cullen, M. D.

Maurice C. Pincoffs, M. D.

Robert H. Riley, M. D.

Benjamin C. Perry, M. D.

Walter N. Kirkman

J. Milton Patterson

W. Wallace Lanahan

William L. Galvin

Survey Plans with Subsequent Modifications

On January 1, 1941, the organization of the office and field staff was completed with W. Ross Cameron, M. D., in charge as Director of the survey. Dr. Cameron was loaned by the State Department of Health. A program was planned to extend over a period of approximately 15 months including about 12 months for the survey and three months for the preparation of the report.

About July 1, 1941, world conditions were such that war seemed imminent. Since several of the Committee and its staff were expecting to be called into active service momentarily, it was decided to modify the program. For example, instead of attempting to interview all physicians in the counties of Maryland, representative groups were selected in three sections of the State.

On September 15, 1941, W. Ross Cameron, M. D., was called into active duty with the U. S. Public Health Service. Work in the field was discontinued and, unfortunately, it was necessary to abandon several important phases of the survey.

Due to the exigencies of war, it was necessary to make important changes not only in the field staff, but in the membership of the committees. On April 1, 1942, Dr. Pincoffs, the Chairman, who devoted many valuable hours to the work of the Committee, volunteered for active service with the U. S. Army Medical Corps and is now overseas. On July 1, 1942, Allen W. Freeman, M. D., who first served as Chairman of the Joint Committee and later replaced Dr. Pincoffs as Chairman of the Executive Committee, retired from active participation due to illness.

Victor F. Cullen, M. D., was elected to replace Dr. Freeman as the Chairman of the Executive Committee and Charles R. Austrian, M. D., president-elect of the Medical and Chirurgical Faculty of Maryland, was elected to replace Dr. Pincoffs on the Executive Committee.

Scope of the Initial Report

In accordance with the request of the Maryland State Planning Commission that a summary of its work from the date of appointment to the present be made available, the Committee on Medical Care respectfully presents this initial report of its findings and recommendations.

This is necessarily a preliminary report. It is believed, however, that the data accumulated in the field, together with the considered opinions of the Committee, justify adoption of the recommendations included herein for reorganizing and strengthening the medical care structure in the counties of Maryland.

Recommendations based on conditions existing at the time of the survey may not all be applicable either on the date of publication of this report or at the end of the war. However, it is believed that, in general, these recommendations are basic and, if conditions are comparable at the termination of hostilities, they should be adopted as soon as funds and manpower are available.

Additional Activities of Committee on Medical Care

In addition to the activities outlined in this report, the members of the Committee, both individually and collectively, served as consultants to consider a variety of State-wide medical care problems which were presented for immediate solution. These included the extension of the laboratory services of the State Department of Health, the need to replace almshouses by chronic disease hospitals and the plans for the construction of general hospitals to meet acutely increased demands. In addition, information on the distribution of physicians was provided the Procurement and Assignment Service, and data on other aspects of the general problem of medical care were made available to other governmental and private agencies. Several of these additional activities were the subjects of written reports, in other instances consultations were quite informal.

The suggestion was made that the Committee extend its objectives and assignments to include any new problems in medical care which had developed as a result of the war. It was decided, however, that the scope of the problems to be studied by the Committee would be limited to that originally agreed upon.

Acknowledgments

The Committee deeply appreciates the valuable assistance given by many officials of the State government, especially the State and County

Departments of Health and the State and County Departments of Welfare. A large number of officials in every county of the State, as well as members of the medical, dental and nursing professions and hospital administrators provided much of the material upon which this report is based.

The Committee also is indebted to the U. S. Public Health Service for the assistance of Anthony Ciocco, Ph. D., who aided in the preparation of the report, especially in the compilation of the statistical data.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Although Maryland is fortunate in her wealth of medical facilities and general high level of medical care which her citizens receive, and although the medical profession on a voluntary basis has unselfishly and untiringly rendered medical care to the medically indigent, the following important deficiencies exist:

1. In certain sections of the State it has been found that some essential medical services are not available to the medically indigent.

2. There has been a growing tendency for the medically indigent to request medical care from State and county health departments and State and county departments of welfare.

3. For years, the State and county health departments in collaboration with the State and county medical societies, have furnished diagnostic and other forms of medical service in some fields of medicine, notably in tuberculosis, venereal and mental diseases, to the citizens of the State.

4. In attempting to provide general diagnostic services, medical care and hospitalization for those unable to pay, there is at present, no fixed or generally understood procedure applicable to all cases. The indigent sick may usually secure, without cost, a visit from a neighboring practitioner, but care during prolonged illness, diagnosis in obscure cases, and hospitalization is available usually only when some agency or individual intervenes in behalf of the patient and secures the necessary service as a matter of charity.

5. At present no State or local department or agency is legally responsible for making these services available to the indigent, except in those limited fields of medicine with which the State and county departments of health now concern themselves.

Recommendations

The Committee on Medical Care makes the following recommendations:¹

1. The formulation of a program to provide medical care, including hospitalization, to the medically indigent should be undertaken by the State of Maryland, this program to be administered by the State Department of Health.

¹The counties of Maryland *only* are included within the scope of these recommendations.

2. The State and county departments of welfare should have no responsibility for providing medical or hospital care, but should assume the following functions:

- (a) The determination of the eligibility of applicants and the certification of them for care.
- (b) The payment of compensation to physicians and institutions for care rendered to eligible persons.

Source of Funds

3. Specific appropriations should be made by the State of Maryland to the State and county departments of health and to the State and county departments of welfare adequate to finance this program.

Appropriations to the State and county departments of health should provide for the salaries and expenses of persons necessary to the administration of the program, for the purchase of drugs, instruments and equipment and for the construction or rental and maintenance of such buildings as are necessary to the proper conduct of the work.

Appropriations to the State and County departments of welfare should provide for payments to physicians, clinics and hospitals for services to the medically indigent.

To implement these recommendations, the following steps are advocated:

4. The State Board of Health should be required to establish a Council on Medical Care to formulate policies for the administration of the medical care program.

It should consist of the following eight members who shall elect their own Chairman:

- (a) Two members appointed by the Council of the Medical and Chirurgical Faculty of Maryland.
- (b) Two members appointed by the State Board of Health, one of whom must be the Director of the State Department of Health.
- (c) Two members—one each from the Faculty of the Medical School of Johns Hopkins University and from the Faculty of the Medical School of the University of Maryland, appointed by the Deans of the respective Medical Schools.

- (d) One Maryland hospital administrator appointed by the Maryland-District of Columbia Hospital Association.
- (e) The Director of the State Department of Welfare.

5. A Bureau of Medical Care should be established within the State Department of Health to carry out the policies of the Council on Medical Care, including the administration of the program. The Chief of the Bureau of Medical Care should be a physician experienced in the field of medical care appointed by the Director of the State Department of Health with the approval of the Council on Medical Care, and should serve on a full-time basis under the supervision of the Director of the State Department of Health.

6. In cooperation with county medical societies, the county health officers shall administer the local program of the Council on Medical Care for the care of the medically indigent in the homes, clinics and hospitals.

Further Recommendations

Integration of Independent State Agencies Providing Medical Care

7. In the interests of economy and efficiency, the Council on Medical Care should seek to integrate the many agencies of the State Government which now are concerned with medical care.

The organizations which should be included and the manner in which they should be combined to effect greatest economy are subjects for further study.

Appointment of Consultants

8. The Council on Medical Care, with the advice and approval of the Council of the Medical and Chirurgical Faculty of Maryland, should recommend the appointment of a group of consultants, who shall, when requested by local physicians, perform the functions as outlined in the body of the report.

Chronic Hospitals

9. Shortly after the Committee began its active survey work, Governor Herbert R. O'Connor appointed a special Commission to consider the advisability of establishing special institutional facilities for the care of the chronically ill. The Committee on Medical Care of the Maryland State Planning Commission did not, therefore, feel justified in

recommending any specific solution to this problem. It wishes to record, however, that all of the information assembled by its survey indicates an urgent need for such facilities and in the discussions of the Committee with the medical profession, Health and Welfare Department workers, and others concerned with the care of the sick, the immediate establishment of adequate facilities for the care of the chronically ill was considered by them to be of vital importance. The Committee urges, therefore, that the plans for the establishment of chronic hospitals be consummated at the earliest possible date.

APPENDIX

President
E. L. LEWIS, M. D.
Secretary
ALGER D. WISE, M. D.
Treasurer
ALBERT CHATARD, M. D.



Vice-Presidents
VICTOR F. CULLEN, M. D.,
FIRST VICE-PRESIDENT
AND
ACTING PRESIDENT
FREDERIC V. BEITLER, M. D.
WILLIAM D. NOBLE, M. D.

**Medical and Chirurgical Faculty
of the State of Maryland.
1211 Cathedral Street.
Baltimore.**

August 23, 1939.

Mr. Abel Wolman, Chairman
State Planning Commission,
Baltimore, Maryland.

Dear Sir:

The Medical and Chirurgical Faculty of Maryland desires to draw your attention to the advantages of constituting a new Section or Standing Committee of the State Planning Commission whose function it shall be to keep under constant survey the problems of medical care for the citizens of this State and to formulate from time to time recommendations for better utilization and for extension of existing medical facilities and for the institution of such new facilities as are required.

We are using the term "medical care" in an inclusive sense to cover all the agencies available in safeguarding and improving the health of the people and in the treatment of disease. It may be interpreted therefore as comprising lay and professional medical education, sanitation, preventive medicine, curative medicine, dental and nursing care, and pharmacy. It is evident that there exist today, and, in view of the rapid advances in medical science, that there will always exist diffi-

culties in making available to all the highest standard of medical care. It would be the function of such a committee as we propose to be constantly comparing what is available in the way of medical care in our State with what is known to be valuable and to plan systematically to repair the deficiencies in our present system.

Though Maryland is fortunate as compared to the majority of States in her wealth of medical facilities and in the average high level of medical care which her citizens receive, yet this Committee will quickly become aware of many urgent needs for improvement.

Among the deficiencies in the present system of medical care in Maryland the following may be cited as outstanding examples:

(1) Lack of facilities for hospital care for negro patients in the counties.

(2) The lack of adequate support for the out-patient departments of city and county hospitals.

(3) The lack of funds or organization for the medical care in their homes of those upon relief and for other classes of indigent patients.

(4) The lack of facilities for postgraduate education for practicing physicians.

(5) The inadequate buildings, equipment, and budget of certain county hospitals.

(6) The lack of beds in the counties for the care of chronically disabled patients.

(7) The lack of adequate accommodations for existing institutions for the feeble-minded, especially among the colored race.

These urgent needs are cited merely as instances of some of the problems which demand solution.

The needs just cited are well known to our Welfare Boards, to our Boards of Health, to this Faculty, and, in general, to social service workers, physicians, nurses and all those who devote themselves to the medical care of the population. Efforts have been made by all of these agencies to obtain improvements. There has, however, never existed an official warrant for any

group to evolve a coordinated program in which all health agencies would play a part. The problems require such a co-operative effort for their solution and it is the opinion of this Faculty that only through the efforts of a Committee with official standing and in the membership of which the various health agencies are represented can such a cooperative program be achieved.

The existing system of medical care is composed of many interrelated elements. It derives its support from the fees of private patients, from the philanthropic contributions of the general public to medical institutions, from the philanthropic donations of service by the medical profession and from tax funds devoted to public health and to the support of medical institutions. There is general agreement that an increase of the financial support derived from tax funds is a requisite to adequate development of medical care. It is vital, however, that the program for such State-supported improvements in our present system of medical care be devised so as to conserve all of the valuable assets we now possess and not be planned in a manner which would set one form of medical service in competition with another to their mutual disadvantage.

Only a Committee which includes representatives from the agencies best acquainted with the different aspects of the present system of medical care can wisely devise a program for the most efficient development of this system. Further, it seems desirable that such representatives of the various health agencies should be selected from a list of nominees furnished by each agency, since the executive body of each agency is best acquainted with the special qualifications of its members. Moreover, since the public is to be on the one hand the chief beneficiary of improved medical care and on the other hand the chief source of financial support it seems evident that there should be lay representation.

Upon the basis of these principles the Faculty suggests the following tentative composition of the proposed Committee:

The State Welfare Board	1 member
The Baltimore City Welfare Board.....	1 member
The Maryland State Board of Health.....	1 member
The Baltimore City Health Department.....	1 member
The Medical and Chirurgical Faculty.....	1 member

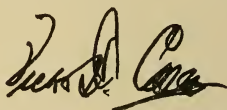
The Baltimore City Medical Society	1 member
The Maryland Medical, Dental and Pharmaceutical Association (Colored)	1 member
The Maryland Dental Association	1 member
The Maryland Mental Hygiene Society	1 member
The Maryland Tuberculosis Association	1 member
The Maryland State Nursing Association	1 member
The Baltimore Hospital Conference	1 member
The Maryland Conference of Social Welfare	1 member
The Maryland Pharmaceutical Association	1 member
The University of Maryland Medical School	1 member
The Johns Hopkins Medical School	1 member
The Johns Hopkins University School of Hygiene and Public Health	1 member
From the lay community	3 members

This list does not represent all aspects of medical care, but in the interest of compactness has been selected to cover the chief categories.

It is evident that to work effectively such a Committee must have a salaried Executive Secretary and stenographic assistance. The funds for such services will have to be sought from the public, from the State or from the participating agencies. The Medical and Chirurgical Faculty has no funds available, but as a token of its sincere desire to forward the formation of this Committee, members of its Council will pledge themselves to raise the sum of five hundred dollars yearly for three years, by private subscription from the membership, to be applied to the expenses of the Committee.

We trust that as Chairman of the Maryland Planning Commission you will give careful consideration to the advantages of forming such a Committee on Medical Care and will recommend to the Governor the steps towards its organization.

Very sincerely yours,



VICTOR F. CULLEN,

Acting President, The Medical and Chirurgical Faculty of Maryland.

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